

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/7/05

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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49	/					
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51	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
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97						
98						
99						
100						
TOTAL IND.	34					
TOTAL DEP.	31					
TOTAL CLAIMS	65					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS